



Your Medicare Choices

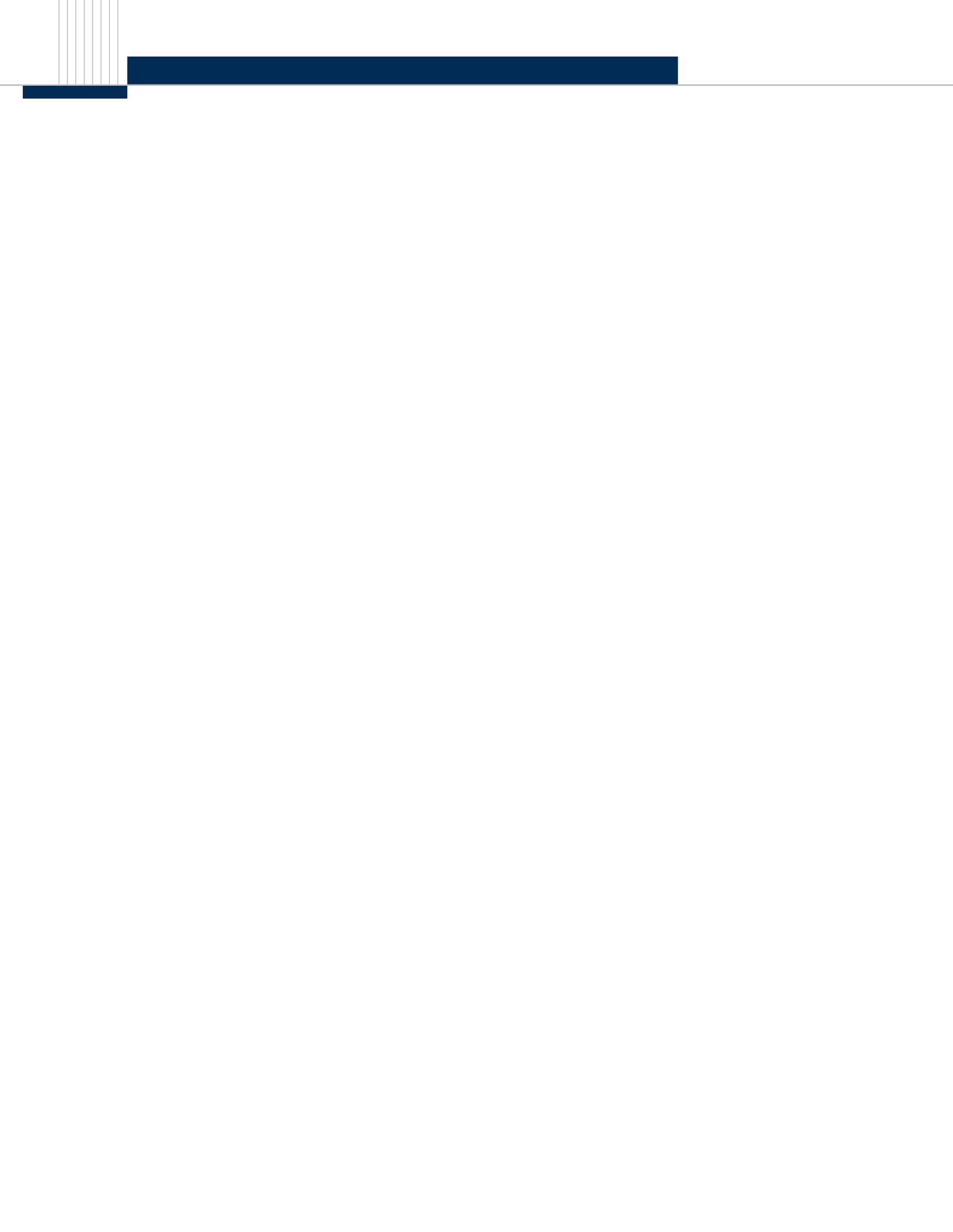
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Your Medicare Choices

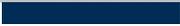
This publication will help you understand Medicare programs and your options for supplementing Medicare benefits. Choices may vary and can be complex. If you need help, call the Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine at 1-800-562-6900 or visit us on the Web at www.insurance.wa.gov.

This publication does not imply endorsement of any options by the SHIBA HelpLine or the Office of the Insurance Commissioner.

Medicare is a health insurance plan sponsored by the federal government. To qualify, people must be one of the following:

- Age 65 or older and a U.S. citizen or a legal resident who has lived in the U.S. for five years or more
- Under age 65 with certain disabilities
- Any age with End Stage Renal Disease (ESRD), also known as permanent kidney failure, requiring dialysis or a kidney transplant

NOTE: If you are under age 65 and eligible for Medicare due to a disability, or you have ESRD, read *Health Insurance Options for People with Disabilities* at www.insurance.wa.gov. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.



Original Medicare programs

The Social Security Administration (SSA) manages Medicare program enrollment. The Original Medicare programs are:

- Hospital Insurance (Part A)
- Medical Insurance (Part B)

Medicare Hospital Insurance (Part A)

Medicare Hospital Insurance (Part A) helps pay inpatient care in qualifying, participating hospitals. It also helps pay for hospice care and some home health care. For a listing of the current benefits, read the chart *Medicare Hospital Insurance (Part A) Covered Services* on the Web at http://www.insurance.wa.gov/publications/consumer/Medicare_Chart_A_B.pdf. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Most people don't have to pay a premium for Part A, because they or their spouse paid Medicare taxes while working.

If you are not entitled to premium-free Part A, you may still enroll. Your premium amount will vary based on how much Medicare taxes you or your spouse paid. For a listing of the current premiums, read the chart *Medicare Hospital Insurance (Part A) Covered Services*.

You may also choose to enroll in Part B only (see page 5 for details about Part B).

Part A eligibility

For most people, eligibility for Part A begins when they turn age 65. Medicare eligibility is separate from Social Security retirement benefits.

People with an illness, such as End Stage Renal Disease (ESRD), or a disability, may qualify for Medicare before the age of 65.



Fraud tip

Only give your insurance or Medicare identification information to those who provide you with medical services. If you suspect fraud, call the SHIBA HelpLine at 1-800-562-6900. The Insurance Commissioner's experts investigate and follow up on potential health insurance fraud and abuse cases.

Signing up for Part A

- If you are receiving Social Security when you become eligible for Medicare, and you qualify for Part A without paying a premium, Medicare will automatically enroll you in both Part A and B. Medicare will send you information about your benefits and your Medicare card three months before your eligibility date.
- If you are not receiving Social Security benefits when you become eligible for Medicare, you must apply for your Medicare benefits. You may apply at any Social Security Administration (SSA) office during the initial enrollment period. Initial enrollment begins three months before the month you turn age 65 and ends three months after your birthday month. See the chart below for an example of how Medicare's initial enrollment period works.

Medicare's Initial Enrollment Period

Example: client turns age 65 on June 21

Enroll in March	Enroll in April	Enroll in May	Enroll in June (birthday month)	Enroll in July	Enroll in August	Enroll in September
Medicare starts June 1	Medicare starts June 1	Medicare starts June 1	Medicare starts July 1	Medicare starts September 1	Medicare starts November 1	Medicare starts December 1

For information on how to make an appointment with your local SSA office, call 1-800-772-1213. SSA can also tell you how many quarters of Medicare tax credit you have, and answer other enrollment questions.

Medicare Medical Insurance (Part B)

Medicare Medical Insurance (Part B) helps pay for participating doctors' services and outpatient care. It also helps cover medically necessary services and supplies that Part A does not cover. For example, it covers physical therapy and durable medical equipment.

For a listing of current benefits, read the chart *Medicare Medical Insurance (Part B) Covered Services* on the Web at http://www.insurance.wa.gov/publications/consumer/Medicare_Chart_A_B.pdf. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Part B eligibility

Part B is open to all people who are entitled to Part A benefits, even if they choose not to enroll in Part A.

Part B has a monthly premium. For a list of current Part B premiums, read the chart *Medicare Medical Insurance (Part B) Covered Services*.

Signing up for Part B

- If you are receiving Social Security when you become eligible for Medicare, and you qualify for Part A without paying a premium, Medicare will automatically enroll you in both Part A and B. If you do not want Part B coverage, contact the Social Security Administration. Medicare will send you information about your benefits and your Medicare card three months before your eligibility date.
- If you are not receiving Social Security benefits when you become eligible for Medicare, you must apply for your Medicare benefits. You may apply at any Social Security Administration (SSA) office during the initial enrollment period. Initial enrollment begins three months before the month you turn age 65 and ends three months after your birthday month. See the chart on page 4 for an example of how Medicare's initial enrollment period works.

Declining Part B

If you or your spouse are working and are covered by your employer's group health plan (a group health plan has 20 or more employees), you may defer enrolling in Part B with no penalty. Before you defer enrollment, find out how it may affect you in the future. Contact your plan administrator to discuss your options. If possible, you may want to start checking out your options several months before you become eligible for Medicare.

If you do not have health coverage through a current employer plan and you do not choose Part B when you are first eligible, you may pay a higher premium. You may also have to wait before your coverage starts. Be sure to review all your options before you make a decision. For an example of how Medicare's initial enrollment period works, see the chart on page 4.

If you have low income and assets, Washington state may help you pay your Part A and B premiums. For more information, contact the Washington State Medical Assistance HelpLine at 1-800-562-3022. Also read "Assistance for people with low income and assets" on page 17.

Supplementing Original Medicare coverage

Original Medicare (Part A and B) programs do not cover all of your health care costs. There are other ways to fill the gaps in coverage. Your choices may include:

- Medicare Supplement insurance
- Medicare Advantage plans (Part C)
- Employment-based plans
- Other health care programs
- Medicare Prescription Drug Program (Part D)



Fraud tip

Be careful if a company requests that you pay for premiums in cash, pay a year's premium in advance, or pressures you to buy instantly because "it's your last chance." If you suspect fraud, call the Insurance Consumer Hotline at 1-800-562-6900. The Insurance Commissioner's experts investigate and follow up on potential health insurance fraud and abuse cases.

Medicare Supplement (Medigap) plans

Medicare Supplement plans are commonly called Medigap plans. They are private health insurance policies that provide you with a way to pay for the gaps in coverage left by Part A and B. Insurance companies may require you to enroll in Part B to buy a Medigap plan.

If you are age 65 or older, during the first six months of your enrollment in Part B, you may enroll in any Medigap plan. This is called your “open enrollment” period. If you apply for a Medigap plan outside of the open enrollment period, an insurance company may refuse your application based on your health. However, there are some exceptions. For example, an insurance company may not refuse you if you are leaving another insurance plan, such as an employer health plan, that is “as good as” the Medigap.

What your Medigap covers depends on which plan you buy. There are 12 standardized Medicare Supplement (Medigap) plans (A through L). Plan “A” is the most basic policy. The other plans (B through L) offer Plan “A” benefits plus a variety of other benefits, such as coverage for medical emergencies in foreign countries and preventative health care.

All Medigap plans with the same letter offer the same benefit. For example, Plan F from one insurance company will provide the same benefits as a Plan F from any other insurance company. You will need to decide which insurance company to choose based on what is important to you. Some factors to think about are:

- price
- customer service
- pre-existing condition waiting periods (any condition for which you were treated or you would have sought advice or treatment for during the previous three months)

For more information, read the SHIBA HelpLine chart *12 Standardized Medigap (Medicare Supplement) Plans on the Web* at http://www.insurance.wa.gov/publications/consumer/Medicare_Medigap_Supplemental_Plans.pdf. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Something to think about...

If you have Part A and B, with no other medical coverage, one option is a Medicare Supplement plan. If you get a Medicare Supplement plan, you may want to think about a Medicare prescription drug plan (Part D).

How Medicare Supplement (Medigap) plans work

With most Medigap plans you can choose to go to any doctor or medical facility in the U.S. that accepts Medicare.

You pay the premium for the Medicare supplement plan directly to the insurance company. Your doctor will bill Medicare for your visits. Medicare will pay their portion and automatically forward the claim on to your insurance plan for payment to the provider.

There are a few Medigap “network” plans called Medicare Select plans. Medicare Select plans have a lower premium than standard Medigap plans, but they require you to get care from a member of the plan’s network.

For a list of insurance companies offering Medigap plans and their prices, read the chart *Approved Medigap (Medicare Supplement) Plans* on the Web at http://www.insurance.wa.gov/publications/consumer/Medigap_Plans.pdf. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Because Medigap plans do not include prescription drug coverage, you also may want to think about joining a Medicare prescription drug plan (Part D). You may enroll through the same insurance company or a different company. See page 14 for more information on Part D plans.

Medigap plans and people with disabilities

If you are under age 65 and eligible for Medicare due to a disability, you will not have an open enrollment period until you turn age 65. Insurance companies may decline to sell you a Medigap policy before that time. For other options, read *Health Insurance Options for People with Disabilities* on the Web at www.insurance.wa.gov. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

WSHIP offers Basic Plan

If you miss the open enrollment period to buy a Medigap and an insurance plan turns you down, you may apply for coverage through the Washington State Health Insurance Pool (WSHIP) “Basic Plan.” WSHIP provides health insurance to people who are unable to buy a Medigap plan from a private insurance company. For more information, contact WSHIP at www.wship.org or 1-800-877-5187.

Medicare Advantage plans (Medicare Part C)

Medicare Advantage plans, sometimes called Medicare + Choice Plans or Medicare Health Plans, are a different way to get Part A and B. Under these plans, clients get Part A and B through a private insurance company. Clients continue to pay Part A premiums (if it applies), Part B premiums, and the plan's premium (if any). The plan pays for all medically necessary care covered by Original Medicare (Part A and B). It may also include prescription drug (Part D) coverage, and added benefits, such as eye and hearing exams, yearly routine exams, and wellness classes.

People who are new to Medicare and have both Part A and B can enroll in a Medicare Advantage Plan during the initial enrollment period. See the chart of "Medicare's Initial Enrollment Period" on page 4.

During the initial 12 months of enrollment you may cancel the Medicare Advantage plan at any time. You may then choose to buy any Medigap plan as long as you do not wait more than 63 days.

After the initial 12-month period in a Medicare Advantage plan, you may only change plans or disenroll at certain times. For enrollment periods, read the *Medicare Advantage plans offered in Washington state* chart on the Web at <http://www.insurance.wa.gov/publications/consumer/MedicareHealthPlan.pdf>. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Medicare Advantage plans do not have waiting periods for pre-existing conditions. Not all plans are available in every county. Plans may also be full, and they may not accept new clients. Medicare Advantage Plans do not accept clients with End Stage Renal Disease (ESRD).

You pay the premium, if any, directly to the Medicare Advantage plan. You may have copays or coinsurance. Medicare also pays a monthly amount to your insurance company to cover the costs of your care. Your doctor bills your Medicare Advantage plan (not Medicare) for your visits.

Something to think about...

If you have Part A and B, and need additional medical coverage, one option is a Medicare Advantage plan. Some Medicare Advantage plans include Medicare prescription drug coverage (Part D).

There are four common types of Medicare Advantage plans:

- Managed care/Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Private Fee for Service (PFFS)
- Medicare Medical Savings Accounts (MSA)

Managed care/HMO: This plan requires you to get all your care from a list of providers (except for some emergency care). Your plan may require your primary care doctor to provide you with a referral before you can see a specialist or go to the hospital.

Be aware, if you have an HMO plan and you choose a stand-alone Part D plan, your insurance company will disenroll you and return you to Original Medicare.

PPO plans: These plans often pay more if you get care from doctors or hospitals that contract with the insurance plan. These providers and hospitals are referred to as “network” providers. You will pay more if you go to a doctor or hospital not listed in the plan’s network.

Be aware, if you have a PPO plan and you choose a stand-alone Part D plan, your insurance company will disenroll you and return you to Original Medicare.

PFFS Plan: This plan also allows you to choose doctors and hospitals, switch doctors at your discretion, see specialists without referral, and move or travel in the U.S. without losing coverage or paying extra. It also covers all Medicare-covered care from any doctor willing to accept it.

However, a doctor or hospital can accept or reject participation with this plan at any time. Check with your health care provider before you sign up for this type of plan, and each time before you obtain care.

If your PFFS plan does not offer prescription drug coverage, you may choose a stand-alone Medicare Part D plan.

Medicare MSA: These Medicare plans are similar to Health Savings Accounts available for people without Medicare. An MSA has two parts. The first part is a high deductible health insurance plan. This insurance plan will pay for covered costs after you meet the annual deductible. It does not provide prescription drug (Part D) coverage. But, you may join a stand-alone Part D plan.

The second part is a savings account that Medicare deposits money into so you may pay your health care costs. You may use your MSA account to pay the deductible on your high deductible health plan and any other qualified expenses your plan does

not cover, such as vision and dental fees, and over-the-counter drugs. And, the funds are not subject to income tax.

You may also use your MSA account to cover Part D drug copayments, coinsurance and deductibles. You may not use it to pay for Part D premiums. If you use your MSA account to pay for Part D drugs, it will count towards your Part D out-of-pocket expenses.

Read the SHIBA HelpLine chart *Medicare Advantage Plans* offered in Washington state to find out:

- Which Medicare Advantage plans are available in your area
- Which Medicare Advantage plans include Part D coverage
- When you can join, switch or leave a Medicare Advantage plan

The chart is available on the Web at <http://www.insurance.wa.gov/publications/consumer/MedicareHealthPlan.pdf>. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy. To compare plan features and benefits, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

Other types of Medicare Advantage plans

There are other Medicare Advantage plans for people with special needs, such as people who live in nursing homes or who have certain chronic medical conditions. These plans are Special Needs plans, PACE plans, Cost plans, and Demonstration plans. For more information, read the Medicare publication *Medicare and You* online at www.Medicare.gov or call 1-800-MEDICARE (1-800-633-4227).

Employment-based plans

An employment-based plan is health care coverage you or your spouse receives from a current or past job or union, or through COBRA (Consolidated Omnibus Budget Reconciliation Act). Examples of employment-based plans include TRICARE for Life, the Public Employees Benefits Board, and the Railroad Retirement Board.

These plans may help you pay for some or all of your medical care and hospital costs. Benefits vary according to the plan your employer or union

Something to think about...

If you have Part A or B, or both, plus an employer plan, you may want to think about Part D – only if the prescription drug coverage is not “as good as” Part D.

purchased. For more information, read your benefit book or call the number on the back of your insurance card.

Enrolling in Part A, B, or D, or more than one of these, may affect your current coverage, especially if:

- You or your spouse still work
- You are retired and become eligible for Medicare
- Your plan will end if you join Medicare

Do not cancel your employment-based plan until you carefully research your options. In some cases, employment-based plans have better coverage than Part A, B, or D. Some employment-based plans work with Medicare as a supplemental or secondary plan. At other times, Medicare is secondary to an employment-based plan. Many of these plans offer drug coverage. Once you leave an employment-based plan, you usually cannot get the coverage back.

If you are a retiree, your former employer may require you to enroll in all of the Original Medicare (Part A and B) programs. If you do not enroll, the employment-based plan may deny coverage for services that Medicare would have paid.

COBRA coverage does not extend your initial Medicare open enrollment period. If you don't have coverage through current employment and you don't enroll in Medicare B when you are first eligible, you may have to pay penalties and wait to join. If you elect COBRA coverage, make sure you know when you can join Part B. Otherwise, you could have a coverage gap between the date your COBRA coverage ends and when you may get Part B coverage. You may also have to pay a permanent Part B penalty.

Federal law allows employers to cancel your COBRA coverage when you start Medicare Part A. Check with your employer's COBRA plan administrator about the plan requirements. You may also check with Medicare at 1-800-MEDICARE (1-800-633-4227) about your rights and responsibilities.

Other health care programs

If you have health care coverage through another source, such as the Department of Veteran Affairs, Indian Health Services, or a tribe, you should carefully think about your options.

Contact your program directly to find out what coverage it offers. These programs may interact in different ways with Medicare to give you better coverage than Medicare alone.

If you're thinking about ending your coverage, you should first think about your needs and the needs of other family members covered under your plan.

For more information, contact your program directly or contact Medicare at 1-800-Medicare (1-800-633-4227) or at www.medicare.gov.

Something to think about...

If you have Part A or B, or both, plus another health care coverage program, you may want to think about Part D – only if your current drug coverage is not “as good as” Part D.

Medicare Prescription Drug Program (Part D)

The Medicare Prescription Drug Program (Part D) helps cover the cost of your prescription drugs. You must first enroll in Medicare Part A or B, or both to be eligible to enroll in Part D. To get this coverage, you choose a private insurance plan.

Many different drug plans are available under this program. Each plan must offer coverage for certain basic medications. Each plan has a list of covered prescription drugs (also called a formulary). The list includes the basic medications and additional drugs the company chooses to cover. The additional drugs may vary from plan to plan.

If you or your dependents have prescription drug coverage from another plan or program, your plan or program must tell you if it is “as good as” Part D.

If your plan is “as good as” Part D, you do not need to enroll in Part D. If your coverage ends or changes, and is no longer “as good as” Part D, you will have a chance to enroll in Part D without a penalty.

If you do not have other drug coverage “as good as” Part D, and you do not enroll when you are first eligible, Medicare might charge you a permanent penalty. The penalty will be at least 1 percent of the nationwide average monthly Part D premium for each month you wait to enroll. Your premium will include this penalty for as long as you remain enrolled in a Part D plan.

You may also have to wait for the annual enrollment period (Medicare calls this the Annual Coordinated Election Period) to sign up, which occurs Nov. 15 – Dec. 31 each year. Your coverage would start in January.



Fraud tip

Do not give out your Social Security, Medicare, and bank account numbers over the phone or in person, unless you initiated the contact and you trust the person. If you suspect fraud, call the SHIBA HelpLine at 1-800-562-6900. The Insurance Commissioner’s experts investigate and follow up on potential health insurance fraud and abuse cases.

Each Part D plan has different costs. With most plans you pay a monthly premium, an annual deductible, and part of the cost of each prescription (called co-payments or coinsurances) until you have paid a certain amount. You will also have to pay the full cost of your drugs for a period of time (also called the coverage gap or “donut hole”).

If you reach the annual limit in out-of-pocket drug costs, you will then pay about 5 percent for each prescription (plus the monthly premium).

If your income is low, you can get Extra Help to pay for most of these costs. Apply with the Social Security Administration (SSA). Contact SSA at 1-800-772-1213. Be sure to read “Assistance for people with low income and assets” on page 17.

Once you choose a Part D plan, your monthly premium goes directly to the plan. When you enroll in Part D, your plan will send you an identification card to present to the pharmacy when you fill your prescriptions.

If you get your Part A and B through a Medicare Advantage plan (see page 10), and you want Part D, you may be able to get it through one of your Medicare Advantage company’s plans. But, if your Medicare Advantage company offers a drug plan, and you enroll in a Part D plan with another company, Medicare will cancel your Medicare Advantage plan.

For help in choosing a Part D plan, contact Medicare at 1-800-MEDICARE (633-4227) or via the Web at www.medicare.gov. You also can read *7 steps to understanding Medicare’s prescription drug program* on the Web at <http://www.insurance.wa.gov/publications/consumer/MedicareDrugProgramHandbook.pdf>. Or, call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy.

Assistance for people with low income and assets

Some programs are available to help people with low income and assets. For example:

- Medicaid
- Medicare Savings Programs
- Extra Help for Medicare Part D

People with Medicare may also be enrolled in one or more of these programs. See the online tool from BenefitsCheckUp® at <http://www.benefitscheckup.org/index.cfm?link=WSBCU> for other programs that also may provide help.

Medicaid

Medicaid may cover some or all of uncovered Medicare Plan A and B services. Some Medicaid programs help with home health care and skilled nursing facility costs. To be eligible, you must be blind, disabled, or over age 65 and have low income and assets. For more information, call the Washington State Department of Social and Health Services (DSHS) Medical Assistance HelpLine at 1-800-562-3022.

Medicare Savings Programs

These programs help pay Part B premiums, and sometimes Part A premiums and Medicare co-pays and deductibles. To be eligible, you must enroll in Medicare, and have low income and assets. For more information, call the DSHS Medical Assistance HelpLine at 1-800-562-3022.

Extra Help

Extra Help can pay for all or some of Part D premiums, co-pays, and deductibles. To be eligible, you must enroll in Medicare, and have low income and assets. For enrollment information, call SSA at 1-800-772-1213.

Appendix A – Medicare Choices options

Original Medicare (Part A and B)

If you have:	A	Think about:	B
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Supplementing Medicare Choices

If you have:	A + B	Think about:	Medigap and Plan D
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OR

<p>Medicare Advantage Plan and Plan D (Find out first what drug coverage your Medicare Advantage plan offers)</p>
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If you have:	A or B (or both) +	Think about:	Plan D (Only if employer drug plan is not “as good as” Plan D)
	Employer Plan		

If you have:	A or B (or both) +	Think about:	Plan D (Only if the other program’s drug coverage is not “as good as” Part D, or if issues exist with accessing the other program’s drug coverage)
	Other health care coverage program		

Assistance for people with low income and assets

If you have:	A or B (or both)	Think about:	Medicaid Medicare Savings Program Extra Help for Part D
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Appendix B – Six steps to making your Medicare choices

Step 1:

Do you have other health care coverage besides Medicare?

If **yes**, go to Step 2.

If **no**, go to Step 4.

Step 2:

Do you have prescription drug coverage as good as Medicare Part D*?
(See page 15 for information about Medicare Part D.)

If **yes**, go to Step 3.

If **no**, go to Step 4.

Step 3:

Is all your health care coverage adequate and affordable?

If **yes**, check your coverage yearly to ensure it is still affordable and is as good as Part D.

If **no**, go to Step 4.

Step 4:

Do you have low income?

If **yes**, think about:

- Medicare Savings Programs
- Medicare Part D* with Extra Help
- Medicaid
- Premium-free Medicare Advantage plans***
- Prescription drug discount cards
- Patient assistance programs
- Charity care
- Clinic care

If **no**, go to Step 5.

Step 5:

Has a private health insurance company declined to cover you due to your health?

If **yes**, think about:

- Medicare Part D*
- Medicare Advantage plans
- Washington State Health Insurance Pool Basic Plan (WSHIP)

If **no**, go to Step 6.

Step 6:

Would you pass a health screen questionnaire?

If **yes**, think about:

- Medicare Part D*
- Medigap plans
- Medicare Advantage plans

If **no**, think about:

- Medicare Part D*
- Medicare Advantage plans**
- WSHIP Basic Plan

*You may wish to keep your current prescription drug coverage, even if it is “not as good as” Medicare Part D. But you may have to pay Part D enrollment penalties if you change your drug coverage in the future.

**If you are eligible, the Qualified Medicare Beneficiary (QMB) program will pay for all other Medicare Advantage costs.

***This is not available to clients with End Renal Stage Disease (ESRD). You may want to think about other options listed in this step.

Appendix C - Medicare contact information

Original Medicare: Hospital Insurance Part A and Medical Insurance Part B

Medicare, 1-800-MEDICARE (1-800-633-4227), www.Medicare.gov

Supplementing Original Medicare (Part A and B)

Medigap (Medicare Supplement) plans

At www.insurance.wa.gov, read:

- *12 standardized Medigap (Medicare Supplement) plans*
- *Approved Medigap (Medicare Supplement) plans*

Medicare Advantage plans

At www.insurance.wa.gov, read:

- *Medicare Advantage Plans offered in Washington state*

Call the Insurance Consumer Hotline at 1-800-562-6900 to request a copy or to ask questions

Employment-based plans

Contact your employer

Other health care program

Contact your program

Medicare Prescription Drug Program (Part D)

At www.insurance.wa.gov, read:

- *7 steps to understanding Medicare's prescription drug program*

Call the SHIBA HelpLine at 1-800-562-6900 to request a copy or to ask questions.

Or contact Medicare, 1-800-MEDICARE (1-800-633-4227), www.Medicare.gov

Assistance for people with low income and assets

Medicaid (Department of Social and Health Services)

1-800-562-3022

Medicare Savings Programs (Department of Social and Health Services)

1-800-562-3022

Extra Help (Social Security Administration)

1-800-772-1213

Read *Paying for Prescription Drugs* online at http://www.insurance.wa.gov/publications/consumer/Paying_For_Prescription_Drugs.pdf or call 1-800-562-6900 to request a copy.

Need more help?

Call our Insurance Consumer Hotline!

1-800-562-6900

Our professional consumer advocates enforce insurance law and can investigate complaints against insurance companies and agents on your behalf.

We also offer individual counseling and group education on health care issues in your communities. Our highly trained Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine volunteers can help you understand your rights and options regarding health care coverage, prescription drugs, government programs, and more.



LOCAL HELP FOR PEOPLE WITH MEDICARE

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